



## BACKGROUND CHECK ADDRESS DISCLOSURE/ RELEASE OF INFORMATION

ND DEPT OF HUMAN SERVICES-FOSTER CARE, KINSHIP-RELATIVE CARE,  
GUARDIANSHIP OR ADOPTION  
SFN 377 (10-2006)

Children and Family Services  
North Dakota Dept. of Human Services  
600 E Boulevard Ave Dept 325  
Bismarck ND 58505-0250

Background checks are required for individuals pursuant to NDCC 50-11 (foster care homes & facilities), NDCC 50-11.3 (prospective legal guardian of a child) and NDCC 50-12 (prospective adoptive parent). Applicants who have lived outside the State of North Dakota in the past five years must disclose each and every address at which they had resided in the five years prior to the date of application. Adults in the caregiver's home/facility must also complete this address disclosure form and are also subject to aforementioned background checks. Address/locations provided will be used to conduct Child Abuse & Neglect Registry checks.

Name of Facility/Agency:		
Name of Applicant/Employee:	Social Security Number:	Date of Birth:
Birth Name, Aliases, Nicknames, or Other Married Names:		
Current Address of Applicant/Employee:		Telephone Number:
City:	State:	ZIP Code:

### YOUR RIGHTS AND RESPONSIBILITIES

The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number: Disclosure of the social security number is voluntary and is requested for the purpose of conducting a criminal history background check. Failure to disclose this information may affect the applicants ability to become a licensed foster parent; to be employed in a foster care facility; to become an appointed legal guardian of children, or to participate in the adoption program.

### ADDRESSES FOR THE PAST (5) YEARS, MOST RECENT FIRST:

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

For additional address information, continue on page 2

I give the North Dakota Department of Human Services permission to search for my name on the North Dakota or any state's Child Abuse/Neglect Central Registry or through any tribal Indian child welfare agency.

I give the North Dakota Department of Human Services permission to search for my name on the North Dakota or any state's sex offender registry.

I give the North Dakota Department of Human Services permission to request any supplemental documentation about me, related to any offense revealed through the course of this criminal background records check and permission to share any relevant information derived from any source with any authorized child welfare agency.

Signature of Applicant:	Date:
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Distribution: Two signed originals to DHS

Use this space for additional address information from page 1

I certify that all the information I have provided on this form is true and correct to the best of my knowledge. I certify that all statements on this form have been read by me or read to me and I understand all the questions.	
Signature of Applicant:	Date: